

**YAVAPAI COUNTY
MULTI-DISCIPLINARY
PROTOCOLS
FOR THE JOINT INVESTIGATION
OF CHILD ABUSE**



Jointly Developed by Yavapai County Law Enforcement
Partners, Child Protective Services, and the
Yavapai County Attorney

STATEMENT OF PURPOSE

These Protocols are offered to assist all children, both victims and witnesses, and to serve as a model for handling child abuse cases within Yavapai County. The goal is to treat children with dignity and respect and to minimize secondary trauma that is often associated with child abuse investigations.

These protocols were initially developed in 1996, and revised in 2004, 2009 and in 2012, to further specify the practices being followed upon receiving reports of criminal conduct allegations. These protocols are intended to provide guidelines and a reference source for interagency cooperation in the investigation, prosecution and management of child neglect, physical and sexual abuse cases.

The authors of these protocols and their revisions understand that while the protocols specify best practices, each case must be approached on an individual level, taking into account each case's unique factors and the differing resources of the many agencies operating under these protocols. While it is recognized each agency has its own mandate to fulfill, the authors also acknowledge that no one single agency or discipline can fully address the problem of child abuse. Therefore, each agency must be cognizant of the needs of the victim as well as sensitive to the needs of other professionals involved. We have chosen to make the best interest of children our overriding concern where any interagency conflict may exist.

Joined in the effort to mobilize our different strengths, we have endeavored to: 1) clarify each agency's duties and responsibilities; 2) limit the number of interviews of the child victim; and 3) provide a consistent, coordinated and efficient approach to the investigation, prosecution and management of child abuse cases in Yavapai County.

As Yavapai County Attorney, I want to thank the Yavapai Family Advocacy Center and its staff for their dedication and hard work to ensure an improved quality of life for abused children in Yavapai County and Arizona.

Sheila Polk
Yavapai County Attorney
2012



YAVAPAI COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE INVESTIGATION OF CHILD ABUSE

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I

APPLICABLE ARIZONA STATE LAWS

STATUTE § 8-817 JOINT INVESTIGATIONS PROTOCOLS

§ 8-817. Initial screening and safety assessment and investigation protocols

A. The department (CPS) shall develop, establish and implement initial screening and safety assessment protocols in consultation with the attorney general and statewide with county attorneys, chiefs of police, sheriffs, medical experts, victims' rights advocates, domestic violence victim advocates and mandatory reporters. Any initial screening and safety assessment tools shall be based on sound methodology and shall ensure valid and reliable responses. The department shall establish written policies and procedures to implement the use of the initial screening and safety assessment protocols.

B. To ensure thorough investigations of those accused of crimes against children, in each county, the county attorney, in cooperation with the sheriff, the chief law enforcement officer for each municipality in the county and the department shall develop, adopt and implement protocols to guide the conduct of investigations of allegations involving criminal conduct. The protocols shall include:

1. The process for notification of receipt of criminal conduct allegations.
2. The standards for interdisciplinary investigations of specific types of abuse and neglect, including timely forensic medical evaluations.
3. The standards for interdisciplinary investigations involving native American children in compliance with the Indian child welfare act.
4. Procedures for sharing information and standards for the timely disclosure of information.
5. Procedures for coordination of screening, response and investigation with other involved professional disciplines and notification of case status and standards for the timely disclosure of related information.
6. The training required for the involved child protective services workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills.
7. The process to ensure review of and compliance with the investigation protocols and the reporting of activity under the protocols.
8. Procedures for an annual report to be transmitted within forty-five days after the end of each fiscal year independently from child protective services and each county attorney to the governor, the speaker of the house of representatives and the president of the senate. This report shall be a public document and shall include:
 - (a) The number of criminal conduct allegations investigated and how many of these investigations were conducted jointly pursuant to the investigation protocols established in this subsection.
 - (b) Information from each county attorney regarding the number of cases presented for review, the number of persons charged in those cases, the reasons why charges were not pursued and the disposition of these cases.
 - (c) The reasons why a joint investigation did not take place.
9. Procedures for dispute resolution.

C. The department shall cooperate with the county attorney and the appropriate law enforcement agency pursuant to the investigation protocols adopted in this section. In instances of criminal conduct against a child, the department shall protect the victim's rights of the children in its custody against harassment, intimidation and abuse, as applicable, pursuant to article II, section 2.1, Constitution of Arizona.

D. The county attorney and the law enforcement agency shall cooperate with the department pursuant to the investigation protocols adopted in this section.

DEFINITIONS PERTAINING TO CRIMES AGAINST CHILDREN

This material is intended simply to provide guidelines and is not to be considered legal advice. Emphasis has been added in some sections.

For purposes of coordinated (joint) investigation pursuant to statutory mandates, a **“criminal conduct allegation”** pursuant to A.R.S. §8-801(2) means an allegation of conduct by a parent, guardian or custodian of a child that, if true, would constitute any of the following:

- Sexual Conduct with a Minor
- Sexual Abuse or Sexual Assault of a Minor
- Molestation of a Child
- Incest Involving a Child
- Child Prostitution
- Commercial Sexual Exploitation of a Minor
- Sexual Exploitation of a Minor
- Child Abuse (Physical Abuse and Severe Neglect)
- Death of a Child
- Certain Domestic Violence Offenses that Rise to the Level of a Felony (Pursuant to A.R.S. §13-3601), excluding property crimes

ABUSE

“Abuse” per A.R.S. §8-201 means the infliction of or allowing of physical injury, impairment of bodily function, or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to A.R.S. §8-821 and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse shall include inflicting or allowing sexual abuse pursuant to A.R.S. §13-1404, sexual conduct with a minor pursuant to A.R.S. §13-1405, sexual assault pursuant to A.R.S. §13-1406, molestation of a child pursuant to A.R.S. §13-1410, commercial sexual exploitation of a minor pursuant to A.R.S. §13-3552, sexual exploitation of a minor pursuant to A.R.S. §13-3553, incest pursuant to A.R.S. §13-3608 or child prostitution pursuant to A.R.S. §13-3212.

“Drug Endangered Children” (per A.R.S. §13-3623(c))

The terms “endangered” and “abuse” include but are not limited to circumstances in which a child or vulnerable adult is permitted to enter or remain in any structure or vehicle in which volatile, toxic, or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug in violation of A.R.S. §13-3407, subsection a, paragraph 4.

“Physical Injury” per A.R.S. §13-3623 means the impairment of physical condition and includes any:

- skin bruising
- pressure sores
- bleeding

- failure to thrive
- malnutrition
- dehydration
- health or welfare
- burns
- fracture of any bone
- subdural hematoma
- soft tissue swelling
- injury to any internal organ
- physical condition which imperils

“Serious Physical Injury” means physical injury which creates:

- a reasonable risk of death; or
- that causes serious or permanent disfigurement;
- serious impairment of health; or
- loss or protracted impairment of the function of any bodily limb or organ.

EMOTIONAL ABUSE

A.R.S. §8-821 permits a CPS Specialist or law enforcement officer to take temporary custody of a child who is suffering serious emotional damage which can only be diagnosed by a medical doctor or psychologist. The child shall be immediately examined and after the examination the child shall be released to the custody of the parent, guardian, or custodian unless the examination reveals abuse.

NEGLECT

“Neglect or Neglected” means the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care IF that inability or unwillingness causes substantial risk of harm to the child’s health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

Determination of Neglect - in determining if a child is neglected, consideration shall be given to:

- The drug or alcohol abuse of the child's parent, guardian or custodian.
- The use by the mother of a dangerous drug, a narcotic drug or alcohol during pregnancy if the child, at birth or within a year after birth, is demonstrably adversely affected by this use.

“Substantial Risk of Harm” means actual, tangible and measurable harm or risk of harm to the child which may include physical, emotional, medical, sexual or other types of harm to the child.

SEXUAL CRIMES

CHILD PROSTITUTION (A.R.S. §13-3212) A person commits child prostitution by knowingly:

- Causing any minor to engage in prostitution;
- Using a minor for purposes of prostitution;
- Permitting a minor under such person’s custody or control to engage in prostitution;

- Receiving any benefit for or on account of procuring or placing a minor in any place or in the charge or custody of any person for the purposes of prostitution;
- Receiving any benefit pursuant to an agreement to participate in the proceeds of prostitution of a minor;
- Financing, managing, supervising, controlling or owning, either alone or in association with others, prostitution activity involving a minor;
- Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution.

COMMERCIAL SEXUAL EXPLOITATION OF A MINOR (A.R.S. §13-3552)

A person commits commercial sexual exploitation of a minor by knowingly:

- Using, employing, persuading, enticing, inducing, or coercing a minor to engage in or assist others to engage in exploitive exhibition or other sexual conduct for the purpose of producing any depiction or live act depicting such conduct;
- Using, employing, persuading, enticing or coercing a minor to expose the genitals or anus or areola or nipple of the female breast for financial or commercial gain;
- Permitting a minor under such person's custody or control to engage in or assist others to engage in exploitive exhibition or other sexual conduct for the purpose of producing any visual depiction or live act depicting such conduct;
- Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution, exploitive exhibition or other sexual conduct for the purpose of producing a visual depiction or live act depicting such conduct.

INCEST (A.R.S. §13-3608) Persons who are eighteen or more years of age and are within the degree of consanguinity within which marriages are declared by law to be incestuous and void, who knowingly intermarry with each other, or who knowingly commit fornication or adultery with each other.

MOLESTATION OF A CHILD (A.R.S. §13-1410) A person commits molestation of a child by intentionally or knowingly engaging in or causing a person to engage in sexual contact, except sexual contact with the female breast, with a child under fifteen years of age.

SEXUAL ABUSE (A.R.S. §13-1404) A person commits sexual abuse by intentionally or knowingly engaging in sexual CONTACT with any person fifteen or more years of age without the consent of that person, or with any person who is under fifteen years of age if the sexual contact involves only the female breast.

SEXUAL ASSAULT (A.R.S. §13-1406) A person commits sexual assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person without consent of such person.

SEXUAL CONDUCT WITH A MINOR (A.R.S. §13-1405) A person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age. (This statute has been interpreted by the courts to include attempts to engage in this behavior, even if the attempt is only verbal.)

SEXUAL EXPLOITATION OF A MINOR (A.R.S. §13-3553) A person commits sexual exploitation of a minor by knowingly:

- Recording, filming, photographing, developing or duplicating any visual depiction in which a minor is engaged in exploitive exhibition or other sexual conduct;
- Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing or exchanging any visual depiction in which a minor is engaged in exploitive exhibition or other sexual conduct.

ADDITIONAL DEFINITIONS

“Oral sexual contact” means oral contact with the penis, vulva or anus.

“Exploitive exhibition” means the actual or simulated exhibition of the genitals or pubic or rectal areas or any person for the purpose of sexual stimulation of the viewer.

“Producing” means financing, directing, manufacturing, issuing, publishing or advertising for pecuniary gain.

“Prostitution” means engaging in or agreeing or offering to engage in sexual conduct with any person under a fee arrangement with that person or any other person.

“Sexual contact” means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such conduct.

“Sexual conduct” means sexual intercourse or oral sexual contact.

“Sexual intercourse” means penetration into the penis, vulva or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.

“Simulated” means any depicting of the genitals or rectal areas that give the appearance of sexual contact or incipient sexual conduct.

“Spouse” means any person who is legally married and cohabiting.

“Sadomasochistic abuse” means flagellation or torture by or upon a person who is nude or clad in undergarments or in revealing or bizarre costume or the condition of being fettered, bound or otherwise physically restrained on the part of one so clothed.

“Visual depiction” includes each visual image that is contained in an undeveloped film, videotape or photograph or data stored in any form and that is capable of conversion into a visual image.

“Without consent” includes any of the following:

- The victim is coerced by the immediate use or threatened use of force against a person or property;
- The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep, or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant;
- The victim is intentionally deceived as to the nature of the act;
- The victim is intentionally deceived to erroneously believe that the person is the victim's spouse.

DUTY TO REPORT SUSPECTED ABUSE

§ 13-3620. Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

- A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under § 36-2281 shall immediately report or cause reports to be made of this information to a law enforcement officer or to Child Protective Services in the Department of Economic Security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a law enforcement officer only. A member of the clergy, Christian Science practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, Christian Science practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, Christian Science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, Christian Science practitioner or priest may otherwise make of the minor. For the purposes of this subsection, "person" means:
1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
 2. Any law enforcement officer, member of the clergy, priest or Christian Science practitioner.
 3. The parent, stepparent or guardian of the minor.
 4. School personnel or domestic violence victim advocate who develop the reasonable belief in the course of their employment.
 5. Any other person who has responsibility for the care or treatment of the minor.
- B. A report is not required under this section for conduct prescribed by §§ 13-1404 and 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age, and there is nothing to indicate that the conduct is other than consensual.
- C. If a physician, psychologist or behavioral health professional receives a statement from a person other than a parent, step-parent, guardian or custodian of the minor during the course of providing sex offender treatment that is not court ordered or that does not occur while the offender is incarcerated in the State department of Corrections or the Department of Juvenile Corrections, the physician, psychologist or behavioral health professional may withhold the reporting of that statement if the physician, psychologist

or behavioral health professional determines it is reasonable and necessary to accomplish the purposes of the treatment.

- D. Reports shall be made immediately by telephone or in person and shall be followed by a written report within seventy-two hours. The reports shall contain:
1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor, if known.
 2. The minor's age and the nature and extent of the minor's abuse, child abuse, physical injury or neglect, including any evidence of previous abuse, child abuse, physical injury or neglect.
 3. Any other information that the person believes might be helpful in establishing the cause of the abuse, child abuse, physical injury or neglect.
- E. A health care professional who is regulated pursuant to Title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant, reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in § 13-3401 shall immediately report this information, or cause a report to be made, to Child Protective Services in the Department of Economic Security. For the purposes of this Subsection, "newborn infant" means a newborn infant who is under thirty days of age.
- F. Any person other than one required to report or cause reports to be made under Subsection A of this Section who reasonably believes that a minor is or has been a victim of abuse, child abuse, physical injury, a reportable offense or neglect may report the information to a law enforcement officer or to Child Protective Services in the Department of Economic Security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a law enforcement officer only.
- G. A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a law enforcement officer or Child Protective Services worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the law enforcement officer or Child Protective Services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this Section.
- H. When telephone or in-person reports are received by a law enforcement officer, the officer shall immediately notify Child Protective Services in the Department of Economic Security and make the information available to them. Notwithstanding any other statute, when Child Protective Services receives these reports by telephone or in person, it shall immediately notify a law enforcement officer in the appropriate jurisdiction.

- I. Any person who is required to receive reports pursuant to Subsection A of this Section may take or cause to be taken photographs of the minor and the vicinity involved. Medical examinations of the involved minor may be performed.
- J. A person who furnishes a report, information or records required or authorized under this Section, or a person who participates in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this Section, is immune from any civil or criminal liability by reason of that action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.
- K. Except for the attorney client privilege or the privilege under Subsection L of this Section, no privilege applies to any:
 - 1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.
 - 2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this Section.
 - 3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a law enforcement officer or Child Protective Services in the Department of Economic Security.
- L. In any civil or criminal litigation in which a child's neglect, dependency, physical injury, abuse, child abuse or abandonment is an issue, a member of the clergy, a Christian Science practitioner or a priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a member of the clergy, a Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which he belongs. Nothing in this Subsection discharges a member of the clergy, a Christian Science practitioner or a priest from the duty to report pursuant to Sub-Section A of this Section.
- M. If psychiatric records are requested pursuant to Sub-Section G of this Section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:
 - 1. Personal information about individuals other than the patient.
 - 2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.
- N. If any portion of a psychiatric record is excised pursuant to Sub-Section M of this Section, a court, upon application of a law enforcement officer or Child Protective Services worker, may order that the entire record or any portion of the record that contains information relevant to the reported abuse, child abuse, physical injury or neglect be made available to the law enforcement officer or Child Protective Services worker investigating the abuse, child abuse, physical injury or neglect.

O. A person who violates this Section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

P. For the purposes of this Section:

1. "Abuse" has the same meaning prescribed in § 8-201.
2. "Child abuse" means child abuse pursuant to § 13-3623.
3. "Neglect" has the same meaning prescribed in § 8-201.
4. "Reportable offense" means any of the following:
 - a. Any offense listed in Chapters 14 and 35.1 of this Title or § 13-3506.01.
 - b. Surreptitious photographing, videotaping, filming or digitally recording of a minor pursuant to § 13-3019.
 - c. Child prostitution pursuant to § 13-3212.
 - d. Incest pursuant to § 13-3608.

COUNTY MEDICAL EXAMINER

§ 11-595. Right to enter premises; right to seize articles

- A. The county medical examiner or alternate medical examiner may enter any room, dwelling, building or other place in which the body or evidence of the circumstances of the death requiring investigation may be found, provided that a law enforcement agency investigating the death obtains a search warrant for private property other than in the immediate location where the body was found.
- B. The county medical examiner or alternate medical examiner, with the permission of the law enforcement agency investigating the death may take into possession any object or article found on the deceased or in the deceased's immediate vicinity which may aid in the determination of the deceased's identity or determination of the cause or manner of death. Upon completion of the findings, the medical examiner or alternate medical examiner, within thirty days, shall deliver the object or article to the law enforcement agency concerned, to the legal representative of the deceased or to the County Treasurer.

II

LAW ENFORCEMENT PROTOCOLS

The purpose of law enforcement's response to incidents of physical and sexual abuse involving children is to determine if a crime has been committed and to bring to light those facts and circumstances necessary to bring the perpetrators into the criminal justice system. While pursuing the criminal investigation, law enforcement must be concerned with more than just statutory requirements and case law. Law enforcement personnel must be cognizant of the needs of the victim, as well as the responsibilities of other organizations involved in the treatment, support and recovery of the victim.

To this end, police are encouraged to coordinate their efforts with those of Child Protective Services "CPS", as well as the prosecuting agency. During an investigation, CPS and law enforcement should share relevant information, as soon as possible, maintain on-going contact and monitor and/or participate in forensic interviews conducted by their counterparts.

Law Enforcement will be notified immediately when CPS receives a report with criminal conduct allegations or an allegation that indicates a child is in danger. When the information received by CPS indicates the child is not in immediate danger but further investigation is warranted, CPS shall contact the appropriate law enforcement agency directly and request notification be made to a law enforcement officer. As CPS operates under a statutory requirement to respond based on priority within specific time frames, the responsible law enforcement officer will contact the CPS worker as soon as possible and they will coordinate an appropriate response based on the circumstances of the call, individual agency guidelines, availability of resources and the need for a coordinated multi-agency on-scene response. The law enforcement officer is responsible for determining whether or not a criminal investigative response will be initiated.

Effective investigation by law enforcement agencies is enhanced with the establishment of a specialized unit to investigate allegations of criminal conduct against children. Smaller agencies are encouraged to designate a "specialist" if the number of investigations does not warrant a unit. This specialized unit, whether it consists of a part-time or several full-time officers should:

- Be a voluntary assignment;
- Receive training in the investigation of the neglect, physical and sexual abuse of children;
- Establish and maintain a close working relationship with CPS, the Yavapai Family Advocacy Center, and the Yavapai County Attorney's Office; and,
- Encourage trained and skilled officers to be retained as long as possible.

In Yavapai County, the Yavapai Family Advocacy Center "YFAC" has been established (*Appendix 3*). This specially designed center, which is available for use by all law enforcement agencies, benefits both the investigation and the victim, by creating a one stop facility for the investigative process and for crisis intervention. Law Enforcement officers may use the child friendly rooms for videotaping victim interviews. Another benefit of these centers is that forensic medical exams are offered on site. Sexual Assault Nurse Examiners "S.A.N.E. nurses"

specializing in the examination and treatment of child abuse conduct these exams. The Yavapai County Attorney's Office and CPS help staff cases at the YFAC and are available for questions or referrals. Victims are less traumatized by the amiable environment, which provides crisis intervention and referral services to both the victim and his/her family. (*See Section IV-Yavapai Family Advocacy Center*)

If victim hospitalization is not required, it is recommended that law enforcement utilize the YFAC for the investigation of cases of sexual abuse and cases of physical abuse that require a medical evaluation.

A. CHILD SEXUAL ABUSE CASES

1. Initial Report: The responding officer should establish the elements of the crime and jurisdiction.
 - a. The responding officer may interview the reporting source, away from the victim, witnesses or other reporting sources, in order to:
 - i. Obtain the facts of the reported crime
 - ii. Determine if the child is in imminent danger
 - iii. Determine if the victim may require medical attention
 - iv. Determine jurisdiction
 - (a) If within departmental jurisdiction, continue per these Protocols
 - (b) If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction.
 - b. It is recommended that a law enforcement officer, CPS specialist, or YFAC interviewer trained in forensic child interviews conduct interviews of the victim utilizing the Forensic Interview Guidelines (*Appendix 9*). The decision regarding who (responding officer, investigator, YFAC interviewer or CPS specialist) will interview the victim, child witnesses, sibling or other children in the home will be made by the law enforcement agency with jurisdiction in the matter. It is recognized that the responding law enforcement officer may not have received the recommended training; nothing in these Protocols shall be interpreted to mean that law enforcement officers cannot conduct investigative interviews without the recommended training.
 - c. The responding officer should only interview the suspect if the suspect is present and aware of the investigation. If suspect is not aware of the investigation, the suspect should not be contacted without prior consultation with an investigating officer or supervisor.
 - d. The responding officer may interview other witnesses. Dates of birth, social security numbers, current phone numbers, physical and mailing addresses and other biographical information will be obtained.
 - e. Once it is determined that a crime has been committed, the responding officer may then continue the initial case preparation.

- i. Assess the need for immediate medical evaluation. If a medical evaluation is needed, promptly contact the on-call Deputy County Attorney for authorization for the medical evaluation. Note that in cases of sexual abuse in which the incident occurred within the past 120 hours, the victim should receive a forensic medical exam.
 - ii. Assess the need for a search warrant. Officers may contact the County Attorney's Office for assistance and in regard to sealing the Affidavit of the Search Warrant.
 - iii. Assess the need for immediate arrest if the suspect is present. The officer should examine:
 - (a) The suspect's risk of flight to avoid prosecution.
 - (b) The suspect's danger to the victim.
 - (c) The suspect's danger to the community.
 - (d) Patrol officers may consult with investigators or the Deputy County Attorney, if necessary.
 - iv. Assess the need for scene preservation and/or photographs.
 - v. Assess the need for an investigating officer to respond to the crime scene, hospital, school or other location.
 - f. As soon as law enforcement determines that CPS may have jurisdiction on the matter under investigation, law enforcement will notify the CPS Law Enforcement Designated Hotline directly and provide sufficient information for CPS to coordinate their response with law enforcement.
- 2. The Investigation: It is recognized that it is not always feasible for the investigation of an allegation of criminal conduct against a child victim to be conducted by an investigator. Whether the investigation is conducted by the initial responding officer, a patrol officer or investigator, the law enforcement officer shall:
 - a. Interview the reporting source to determine the circumstances of disclosure.
 - b. Interview the victim
 - i. Arrange an interview of the victim. The child's interview should be conducted per the Forensic Interview Guidelines (*Appendix 9*).
 - ii. Coordinate the interview with CPS if they are involved in the case. If a joint interview with CPS is not feasible and the circumstances dictate CPS involvement, the victim interview should be shared with CPS in order to minimize unnecessary or multiple interviews of the child victim.
 - iii. Arrange for a medical examination at the Yavapai Family Advocacy Center, if feasible. Officers shall consult with Yavapai County Attorney's Office for appropriate medical response.
 - iv. If a parent/guardian interferes with an interview of the child victim, the officer/investigator has the authority to interview the child utilizing the Temporary Custody Notice. (*Appendix 11*).
 - c. Conduct crime scene(s) investigation and evidence processing.

- d. Interview the family and other witnesses separately. Obtain dates of birth, social security numbers, phone numbers, physical and mailing addresses and other biographical information including where child witnesses attend school.
- e. Obtain a copy of the medical examination report and interview medical personnel. Send a copy of the medical examination report to CPS.
- f. Conduct investigative research on:
 - i. Prior convictions of the suspect.
 - ii. Prior police reports involving the suspect, victim(s) or witness(es).
 - iii. Prior unreported allegations involving the suspect, victim(s) or witness(es).
 - iv. Current and prior CPS reports.
- g. Interview the suspect
 - i. The suspect should be interviewed only with law enforcement personnel present.
 - ii. CPS shall, when possible, be notified of the suspect interview and should be aware of the content of the suspect interview.
- h. The interview should be videotaped or, if not possible, audio-taped. Determine the need to arrest the suspect based on:
 - i. The possibility of flight to avoid prosecution;
 - ii. The danger to the victim; and
 - iii. The danger to the community.
- i. Conduct any other necessary investigations.

It is helpful if law enforcement notifies the on-call attorney if there is a need to attend the Initial Appearance, especially if the Attorney has not been involved prior to arrest.

B. CHILD PHYSICAL ABUSE/NEGLECT CASES

- 1. Initial Report: The responding officer should establish the elements of the crime of physical abuse or neglect and jurisdiction.
 - a. The responding officer should interview the reporting source, away from the victim, witnesses, or other reporting sources, in order to:
 - i. Obtain the facts of the reported crime.
 - ii. Determine if the child is in imminent danger.
 - iii. Determine if the victim may require medical attention.
 - iv. Determine jurisdiction.
 - (a) If within departmental jurisdiction, continue per these Protocols.

- (b) If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction.
- b. The responding officer may interview the child victim. Only these specific questions should be asked:
 - i. What happened?
 - ii. Who did this?
 - iii. Where were you when this happened?
 - iv. When did this happen?
 - v. Where do you go to school?
- c. The officer should document the child's demeanor and any spontaneous statements.
- d. The officer may interview witnesses. Dates of birth, social security numbers, phone numbers, mailing and physical addresses and other biographical information including where child witnesses attend school will be obtained.
- e. If the suspect is at the scene:
 - i. The officer may conduct an initial interview of the suspect or ensure that an investigator does so immediately. Obtain the suspect's version of what happened.
 - ii. The officer should not disclose any medical information to the caretaker(s) regarding the condition of the child or possible mechanisms of injury. The officer should also encourage any on scene medical personnel not to disclose this information to the caretaker(s) until they consult with investigators.
- f. Document and preserve the scene through photographs, if possible.
- g. Once it is determined that a crime has been committed, the officer may continue the initial case preparation.
 - i. Assess the need for medical intervention and ensure that the child is taken to a hospital if necessary. It is recommended that patrol officers consult with investigators on all child abuse cases to assess the need for a forensic medical exam.
 - ii. Assess the need for scene preservation and/or evidence collection. Consult with an investigator regarding search warrants and/or consent searches. If the child or suspect gives information regarding a weapon, instrument or mechanism of the injury, a Search Warrant or Consent Form should be obtained.
 - iii. Document any physical injury to the child with photographs. Photographs should depict the child's entire body and face, not just the external manifestations of abuse. Photographs should include ruler and color bar where possible. In cases of severe physical abuse and/or severe neglect, a Consent Form or Search Warrant should be used to obtain photographs or

video of the entire household. Additional photographs of injuries should be taken 24 to 36 hours after the injuries.

- iv. As soon as law enforcement determines that CPS may have jurisdiction on the matter under investigation, law enforcement will notify the CPS law enforcement hotline and provide sufficient information for CPS to coordinate their response with law enforcement. Written reports can also be faxed to the local CPS office for immediate assistance (*Appendix 2*).
2. The Investigation: It is recognized that law enforcement agencies in Yavapai County may not have adequate resources to use an investigator to investigate cases of this nature. If an investigator is not available, the assigned officer should adhere to these standards.
- a. Non-Hospitalized Children (Note: This list is not in any priority order.)
 - i. An investigator reviews the initial report and continues the investigation by interviewing the family, siblings, other witnesses, etc. as dictated by the facts of the case. If the child victim is interviewed, the interview should be conducted per the Forensic Interview Guidelines. (*Appendix 9*)
 - ii. If not already done and if appropriate, photographs are taken to document the abuse. An investigator should ensure that additional follow-up photographs are taken as needed.
 - iii. CPS shall be contacted to obtain prior reports and to determine what action CPS is taking on the referral. If CPS is involved, law enforcement shall share information with them.
 - iv. The suspect's prior police history should be determined, paying particular attention to assault and domestic violence contacts.
 - v. Obtain relevant medical records on the child and interview appropriate medical personnel.
 - vi. Interview the suspect if not already interviewed. If the suspect has not invoked his/her rights, re-interview to complete his/her account of the events. If the suspect has not already been booked, the investigator shall assess the risk of flight to avoid prosecution and determine if the suspect should be arrested in light of all the information obtained.
 - vii. The need for a medical exam should be assessed.
 - b. Hospitalized Children (Note: This list is not in any priority order.)
 - i. The on-call Deputy County Attorney shall be notified as soon as possible on all cases where a child is admitted to a hospital or dies as a result of suspected child abuse.
 - ii. Ensure that the scene(s) is (are) identified and secured pending issuance of a Search Warrant or signed consent.
 - iii. Obtain a statement from the initial attending physician as to time frames, mechanisms of injury and symptoms the child would be expected to show, given the injury sustained.

- iv. Interviews should be conducted with all caretakers, suspects and witnesses, including specialized physicians (e.g., neurosurgeons, pediatric radiologists, etc.). Interviews of the caretakers shall focus not only on the current injury, but also on a thorough background of the child's health and upbringing. Interviews with specialized medical personnel should be coordinated through hospital administration staff.
 - v. All medical records including recent and previous hospitalizations, doctor or Emergency Room visits by the child should be requested for the investigation through hospital administration staff.
 - vi. Search Warrants are to be utilized, where appropriate, to ensure a thorough scene investigation. Investigators may contact the County Attorney's Office or the on call Deputy County Attorney regarding assistance with the warrant.
 - vii. CPS shall be contacted to obtain prior reports and to determine what action CPS is taking on the referral. If CPS is involved, law enforcement shall share information with them.
3. Information Law Enforcement to provide the County Attorney's Office:
- a. All pertinent information should be submitted to the County Attorney's Office in a timely manner. The file should include the following information:
 - i. A complete copy of the police report.
 - ii. All medical records of the child.
 - iii. Copy of audio tapes.
 - iv. Copy of photographs.
 - v. Copy of 911 calls.
 - vi. Prior relevant police reports and any other information obtained during the investigation.
 - vii. Criminal History report.
 - b. Upon further request of the County Attorney's Office a copy of all non-privileged information from the CPS investigation including:
 - i. The CPS case file.
 - ii. Any relevant, non privileged, non duplicative information concerning the victim or witnesses from the Attorney General Office's file pertaining to dependency, severance or related investigation or actions.
 - c. The CPS caseworker is responsible for facilitating the delivery of the CPS information to the law enforcement agency in a timely fashion when requested.
 - d. The law enforcement agency should contact the CPS caseworker prior to submittal for prosecution to ensure all pertinent information is included.
 - e. If further investigation post-filing is requested and the suspect is in custody, all requested information should be presented to the Deputy County Attorney 24 hours prior to Early Disposition Court, Grand Jury or Preliminary Hearing.

- f. If the Deputy County Attorney refers the case back to the law enforcement agency for further investigation:
 - i. The case should be returned to the original case agent if possible.
 - ii. A copy of the submittal will be sent to CPS by the investigating agency.
 - iii. The requested information should be obtained as soon as possible.
 - iv. The Yavapai County Attorney's Office must be advised if the investigating agency decides to inactivate/close the case within 30 days.
- g. If the suspect is indicted by the Grand Jury, the law enforcement officer shall notify CPS.

C. TRAINING

It is recognized that in Yavapai County, law enforcement agencies may have officers who have not had the recommended training prior to responding and investigating calls involving crimes against children. It is further recognized that it is in the best interest of the child that all agencies seek to train their officers in the recommended courses set forth in *Appendix 8*. **Nothing in these Protocols shall be interpreted to mean that law enforcement officers cannot fully investigate allegations of crimes against children or criminal conduct allegations involving children without the recommended training.**

D. DISPUTE RESOLUTION

Pursuant to A.R.S. § 8-817, the protocols shall contain procedures for dispute resolution among law enforcement, Child Protective Services and the County Attorney's Office. The Dispute Resolution Procedures are set out in *Section XI*.

III

CHILD PROTECTIVE SERVICES PROTOCOLS

The primary purpose of Child Protective Services (CPS), is to protect children by investigating allegations of abuse and neglect, promoting the well being of the child in a permanent home, coordinating services to strengthen the family, and prevent, intervene and treat abuse and neglect (ARS § 8-800). CPS is primarily responsible for investigating and assessing child safety pertaining to in-home allegations of any act, failure to act, or a pattern of behavior on the part of a parent, guardian or custodian that may result in compromising the safety and well being of the alleged child is considered to be any person under the age of 18.

CPS believes that children should be maintained in their own homes if at all possible. The Adoptions and Safe Families Act of 1997 (P.L. 105-89) requires the child's health and safety be the paramount concern when investigating and assessing risk of harm and making placement and permanency planning decisions and in providing services to families.

The Arizona Department of Economic Security "ADES" is required by law (ARS §8-802) to receive reports of dependent, abused, neglected or abandoned children twenty-four (24) hours a day, seven (7) days a week and directs CPS workers to conduct a prompt and thorough investigation and assessment of reports received by the department. Reports are received centrally at the CPS Hotline (*Appendix 2*).

CPS Hotline specialists screen incoming communications by using interview or "cue questions" (*Appendix 6*). Reporting sources do not need to have answers to all cue questions. If the incoming communication meets the definition of a report, then the report is given a priority. The Field Supervisor then assigns the report to a CPS Specialist to complete the investigation and assessment.

CPS actions rarely result in removal of children from the home. When there are safety/present danger concerns, CPS makes contact with the family to engage to the greatest extent possible for the planning of voluntary interventions. After assessing the present and/or impending danger by utilizing the Child Abuse Hotline Safety Decision Tool (*Appendix 8*), CPS creates a safety plan with the family if needed to keep a child safe while the investigation and assessment is being completed. If a child is found to be safe, CPS will create an after care plan with the family which may include coordination with community and multi-disciplinary team members.

If the child/ren are found to be in present/impending danger or there is no parent/guardian able or willing to provide care for the child, CPS and/or Law Enforcement can remove a child from the home for up to 72 hours (weekends or holidays are not included as part of the 72 hour count) by serving a Temporary Custody Notice (*Appendix 11*).

CPS may also serve a Notice of Removal to remove a child for up to 12 hours to obtain a medical exam, psychological evaluation and/or forensic interview in order to make a determination if maltreatment has occurred.

If CPS cannot ensure the safety of the child in the home within a 72 hour time frame, the Department will conduct a Team Decision Making (TDM) meeting for the child. This meeting will include custodians, extended family members, persons considered to be family and community members for the purpose of deciding safety and placement for the child. Placement options for the child can be: 1. Remain in the home with a safety monitor with no dependency, 2. Placement with a relative and/or a family member in good standing or 3. Placement in a resource foster home. Once it has been decided that a Dependency Petition needs to be filed with the Yavapai County Juvenile Court, it is then up to the Presiding Judge, who has the final decision on making the child a Court Ward. Once the Petition is filed, a case plan is developed with the participants to rectify why the child/children came into protective custody. The parents and children are referred to appropriate services to meet their identified needs.

In reports that have the tracking code of Criminal Conduct (CC), (when allegations, if deemed true, would constitute a felony crime) from the CPS Hotline, CPS and law enforcement will jointly investigate, assess and document their coordination efforts. In the course of investigating and assessing a report that does not have a tracing code of Criminal Conduct from the CPS Hotline, and the CPS Specialist discovers evidence of Criminal Conduct, he/she will immediately contact the appropriate law enforcement agency having jurisdiction or call 911.

In Yavapai County, all Criminal Conduct allegations will be jointly investigated. CPS Specialists will coordinate their investigation and assessment with law enforcement, sharing relevant information, monitoring and participation in forensic interviews. This will be clearly documented in reports. In CPS reports where there is no CC tracking code from the CPS Hotline, reports may be jointly investigated and assessed when requested by either agency.

When law enforcement does not have sufficient personnel to respond, or a joint interview is otherwise not feasible, CPS may continue to conduct the investigation and assessment. CPS should contact the law enforcement agency by telephone or email within 24 hours of determining the status. CPS shall make available to law enforcement, upon request, all notes, reports, photographs and medical records, including all prior reports of CPS contacts regarding the child.

Records from CPS are available to law enforcement and prosecuting agencies, upon request, including a summary of all previous CPS reports concerning the child, family or perpetrator, whether substantiated or not. When CPS records are provided to law enforcement or prosecution, only the following will be redacted: Reporting source, identifying information of all individuals involved (SSN, DOB, etc.), residence and school address of victim, attorney-client privileged material.

CPS Specialists are assigned by their Unit Supervisor to investigate and assess reports of child maltreatment. CPS Specialists adhere to the following procedures:

A. PRE-INTERVIEW PROTOCOLS

1. The CPS Specialist may coordinate the investigation and assessment with law enforcement.
2. During the investigation, CPS and law enforcement investigators will, as soon as practicable, share relevant information, maintain on-going contact, and monitor and/or participate in forensic interviews conducted by their counterparts.
 - a. These efforts will clearly be documented in reports prepared by each agency.
 - b. Determine jurisdiction.
 - c. Coordination will be stressed when the report alleges or the investigation indicates the child is a victim of sexual abuse and/or a criminal investigation of the alleged child maltreatment is in progress or anticipated.
 - d. High Priority or High Risk reports, as designated in *Appendix 6*, shall be handled with joint law enforcement/CPS investigations where the safety of the child has not been ensured.
 - e. Other CPS reports may be handled with joint law enforcement/CPS investigation when requested by either agency.
3. Reports of criminal conduct allegation.
 - a. When CPS receives information regarding an in-progress Criminal Conduct allegation that indicates a child is in danger, they shall notify the appropriate law enforcement agency.
 - b. When the information received by CPS indicates the child is not in present danger but further investigation is warranted, CPS shall contact the appropriate law enforcement agency dispatch/communications center and request assistance by an on duty officer to conduct a Joint Investigation (*Appendix 1*).
4. All other CPS reports will be reported to law enforcement by telephone contact or by forwarding the police version of the CPS Report Summary via fax, email or regular mail.
5. The CPS Specialist will gather information from law enforcement reports, sources of the current report, prior CPS records and others as availability and time allows.

It is recommended that CPS utilize the Yavapai Family Advocacy Center for the investigation and assessment of cases of sexual abuse and cases of physical abuse that require a medical evaluation. CPS may utilize the Yavapai Family Advocacy Center for all types of investigations and assessments.

B. CPS INTERVIEW PROTOCOLS

1. Sequence for interviewing:
 - a. Alleged victim if the child's age and intellectual/emotional functioning permit.
 - b. Siblings/other children in the home.
 - c. School/day care provider.
 - d. Non-abusing spouse/caretaker.
 - e. Neighbors, relatives and others with knowledge of the abuse, including reporting party, if known.
 - f. Alleged abusive caretaker.
2. Child Interviews:
 - a. The CPS Specialist will work in conjunction with law enforcement whenever applicable.
 - b. The alleged abusive parent, guardian or custodian shall not be present during the investigative interviews with alleged child victims.
 - c. Initial interviews are generally unannounced to maximize the gathering of relevant facts.
 - d. To eliminate the need for multiple interviews of the child victim, the CPS Specialist will coordinate for:
 - i. Joint interview of the child victim coordinated between CPS, law enforcement and the Yavapai Family Advocacy Center; or
 - ii. Joint interview of the child victim by a qualified professional coordinated with law enforcement; or
 - iii. If a joint interview is not feasible, information from the victim interview should be shared with law enforcement.
 - e. Interviews of alleged child sexual abuse victims will be videotaped and/or audio-taped.
 - f. Interviews of alleged child physical abuse victims may be audio-taped.
 - g. Photographs of physical abuse and use of a color bar is recommended.
 - h. The CPS Specialist shall:
 - i. Introduce and identify him/herself as a CPS Specialist and conduct the child's interview in a private, safe and neutral location.
 - ii. Develop and maintain rapport with the child by demonstrating respect for the language, dialect, communication style and culture of the child. Language skilled staff or translators should be assigned as needed.
 - iii. Inform the child of the agency's mandate to investigate and assess safety/risk, the agency's goal to provide needed services and answer any of the child's questions.
 - iv. Allow and encourage the child to express emotional reactions to the investigation and assessment process and help resolve his/her feelings.

- v. Inform the child that CPS has the responsibility to complete the investigation and assessment, including interviewing other members of his/her family.
- vi. Assess and/or arrange the need for immediate medical examination or treatment, seeking caretaker cooperation as appropriate. (*Section V, Medical Protocols*)
- vii. Assess the need for a possible protective action plan for the child. The CPS Specialist will consult with his/her supervisor prior to taking the child into protective custody.

3. Parent/Caretaker Interviews

- a. The CPS Specialist will work in conjunction with law enforcement whenever applicable.
- b. Initial interviews are generally unannounced to maximize the gathering of relevant facts. Arrangements should be made so that the interview is conducted privately.
- c. Provide parents/caretakers the same information and afford the same considerations as listed in the Child Interview Protocols.
- d. Initiate contact within 6 hours with the parent/caretaker in situations when a child has already been interviewed. If parental contact cannot be made within 6 hours, the reasons for lack of contact must be documented.
- e. Initiate immediate contact with the parent/caretaker in all situations when the child is taken into temporary protective custody. This includes advisement of legal rights in writing, the agency's authority to take such action necessary to protect the child and the parent's right to recommend a relative to temporarily care for the child/children. (*Appendix 11, Temporary Custody Notice*)
- f. Offer services and information on resources to family members when the family could benefit from these services without regard to whether children are removed from the home.

C. CASE MANAGEMENT PROTOCOL

1. The CPS Specialist Will:

- a. Obtain a medical examination of the child victim following guidelines of *Section V, Medical Protocols*.
- b. Gather and record information from the CPS Specialist's own observations and through interaction with collateral sources and professionals involved with the investigations.
- c. Consult with the CPS Unit Supervisor and/or designee to determine the need to remove the child from the family based upon the information gathered and the risk of harm to the child. In an emergency, the CPS Specialist will consult with a supervisor immediately after taking temporary custody of the child and obtain supervisory approval.

- d. The CPS Specialist will make a determination as to the findings. If the report of abuse, neglect or dependency is proposed to be substantiated or unsubstantiated by CPS standards, CPS will notify the parent/caretaker in writing. All proposed substantiated findings will be sent to the Protective Services Review Team, who will notify the alleged perpetrator of their rights.
- e. The case file should include a copy of all non-privileged information from the CPS investigation, including the CPS case file and any relevant, non-privileged, non-duplicative information concerning the victim or witnesses from the Attorney General Office's file that pertains to the dependency, severance or related investigation or action.
- f. The CPS worker is responsible for facilitating the delivery of the information to the law enforcement agency in a timely manner. The appropriate law enforcement officer should notify the CPS worker assigned to the case prior to submittal for prosecution to ensure the information above has been provided to law enforcement. The CPS worker should confirm whether or not the Attorney General's Office has items such as dependency hearing transcripts or depositions. Any questions as to what documents should be included will be resolved by mutual agreement by the Attorney General's Office and the Yavapai County Attorney's Office.

D. TRAINING

- 1. In addition to any other training mandated by the agency, CPS personnel who in the course of their current duties are required to be a first responder to a reported incident of child abuse/neglect, should have the First Responders Training to Reports of Child Abuse/Neglect (*Appendix 8*).
- 2. CPS personnel responsible for continuing an investigation of a reported incident of child abuse or neglect should receive additional training as set out in *Appendix 9*.
- 3. It is recommended that any individual tasked with conducting an interview of a child, for the purpose of obtaining evidence/statements for use in preliminary protective hearings receive training in advanced forensic interviewing as set out in *Appendix 9*.

E. DISPUTE RESOLUTION

Pursuant to A.R.S. § 8-817, the protocols shall contain procedures for dispute resolution among law enforcement, Child Protective Services and the County Attorney's Office. The dispute resolution procedures are set out in *Section XI – Dispute Resolution*.

IV

YAVAPAI FAMILY ADVOCACY CENTER

A. MULTI-DISCIPLINARY TEAM

1. The Multidisciplinary Team shall consist of professional representation from the following disciplines:
 - a. Law Enforcement
 - b. Child Protective Services
 - c. Prosecution
 - d. Medical
 - e. Mental Health
 - f. Victim Advocates from the Yavapai Family Advocacy Center
 - g. Support staff from the Yavapai Family Advocacy Center
2. Professionals from other disciplines such as Adult Protective Services, Adult and Juvenile Probation, Parole, respective school district personnel and other victim advocacy services may be asked to participate on a case-by-case basis if determined beneficial to the welfare of the victim.
3. Members of the Multi-Disciplinary Team (MDT) shall have written Memorandums of Understanding and/or Interagency Contractual Agreements in place and have a clear understanding of the purpose of and a commitment to the MDT intervention response.
4. Purpose of the MDT is to coordinate intervention services to:
 - a. Assist the victims and family of child or vulnerable adult abuse or neglect, domestic violence and sexual assault by reducing additional trauma.
 - b. Ensure thorough investigation and enhanced prosecution through information gathering and sharing through collaborative joint investigations.
 - c. Reduce the potential of duplicative services that may re-victimize children and families.
 - d. Improve services for victims by improving communication among agencies.
 - e. Foster support, education and treatment for children and families that may enhance their willingness to participate and their ability to be effective witnesses.
 - f. Support non-offending parents to empower them to protect and support their children, throughout the investigation, prosecution and beyond.
5. All members of the MDT, as defined by the needs of the case, shall be routinely involved in the investigations, intervention services and case review as allowed. Involvement and participation may include in person, teleconference calls, email, and/or phone case updates and consultations.

6. Members of the MDT shall share relevant case information with other members of the MDT to ensure a timely exchange of information that is beneficial to the victim and the victim's family. Information sharing between individual agencies must adhere to legal, ethical and professional standards of practice.
7. MDT members are required to review and sign a Confidentiality Pledge assuring that the:
 - a. Rights of victim privacy and confidentiality will be respected and preserved at all times.
 - b. MDT members agree that all information relating to a case can be shared only with professionals directly involved in the investigation and treatment of such a case. This includes all identifying case information, as well as written recommendations, which may be sent to me following a case consultation.
 - c. Not to remove any written information from a case consultation and to return all such written information to the YFAC staff or the local Child Protective Services (CPS) office after a case consultation.
8. The MDT shall meet weekly as appropriate to review current cases, to provide updates and follow-up for prior cases. The process of case review that shall be followed, is outlined in the YFAC Protocols – Case Review.
9. MDT members shall be asked for their input and expertise regarding cases. If there are no cases up for review, these meetings shall be utilized for planning, general information sharing, and to provide feedback and suggestions regarding the Procedures and Operations of the MDT and YFAC.
10. The MDT shall participate in ongoing training and educational opportunities such as peer review, skill based learning, cross discipline training as a part of the MDT meetings, and/or through individual agency trainings per their individual licensing requirements.

B. CHILD PROTECTIVE SERVICES (CPS)

1. Cases Eligible for Referral – The Yavapai Family Advocacy Center (YFAC) is an additional resource for use by Child Protective Services (CPS) and other agencies to assist in a thorough investigation and enhanced prosecution of Child Sexual Abuse and Child Physical Abuse/Neglect cases. As defined in the CPS Response System, the following categories of cases are generally appropriate for referral to the YFAC:
 - a. Physical Abuse – High Risk cases involving severe/life threatening injuries requiring emergency medical treatment and/or parent presents severe physical harm to a child.
 - b. Physical Abuse – Moderate Risk cases involving serious/multiple injuries which may require medical treatment and/or a child at risk for serious physical abuse if no intervention is received.
 - c. Neglect– High Risk cases involving serious/life threatening situations requiring emergency intervention due to the absence of a parent, or a parent who is either

- unable to care for the child due to physical or mental limitations or is unwilling to provide minimally adequate care.
- d. Sexual Abuse – High Risk cases involving physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven (7) days.
 - e. Sexual Abuse – Moderate Risk cases involving sexual behavior or attempted sexual behavior occurring eight (8) days or up to 1 year ago and/or child is exhibiting indicators consistent with sexual abuse.
 - f. Other cases meeting YFAC criteria may be referred on a case-by-case basis.
2. Services Provided – YFAC can assist CPS by providing the following services and resources:
- a. Case consultation with other MDT professionals.
 - b. Forensic medical examination as authorized by the Yavapai County Attorney.
 - c. Assistance in obtaining a qualified forensic interviewer.
 - d. State-of-the-art interviewing/monitoring rooms and equipment.
 - e. Fully equipped medical examination room staffed by specially trained personnel.
 - f. Connect victims/families to outside resources for counseling, food, shelter, etc.
3. How to Refer a Case – YFAC requires that all referrals are made by a supervisor or with supervisory authority.
- a. Contact the YFAC Director or designee by phone during normal business hours (Monday- Friday, 8:00 a.m. – 5:00 p.m.). On holidays and during other hours the caller is directed to call the On-Call professional.
 - b. Provide as much information as possible about the case and services required.
 - c. Indicate if the case is an emergency requiring immediate response.
4. When To Refer A Case – While a case may be referred to YFAC at any time during the investigation, it is suggested the case be refer immediately to ensure maximum assistance by the YFAC MDT professionals.
5. What to expect after a Referral – Following a referral to YFAC and authorization by the Director or designee, a date, time and place for a case staffing with other MDT members will be given. At the initial case staffing, the following will generally occur:
- a. Briefing of MDT members by CPS.
 - b. Identification and prioritization of needs.
 - c. Formulation of plan of action to coordinate investigation.
 - d. Initial assignments.
 - e. Setting of date, time and place for subsequent case review.

6. At each subsequent case review, responsibilities may be added or deleted, priorities revised and follow-up information provided to all members to keep them current on the progress of a case.

C. COUNTY ATTORNEY

1. The Yavapai County Attorney representative shall be a member of the MDT.
2. The Yavapai County Attorney representative is instrumental in accomplishing the YFAC's mission of reducing further victim trauma, ensuring a thorough investigation and enhancing prosecution. In that regard, the duties of the Yavapai County Attorney representative will generally include the following when requested for appropriate:
 - a. Facilitation in obtaining County Attorney approval for forensic medical examinations, in accordance with the Yavapai County Attorney guidelines.
 - b. Advising law enforcement, CPS and APS as requested.
 - c. Participation in community training regarding the YFAC.
 - d. Assistance in training law enforcement professionals or others as requested.
 - e. Assistance in tracking the prosecution of YFAC cases as requested.
3. As an employee of Yavapai County and the Yavapai County Attorney's Office, the Yavapai County Attorney representative will remain responsible to that office for the performance of his/her job duties. Neither the YFAC, nor any member of the MDT shall have the authority to direct the Yavapai County Attorney representative in the performance of his/her duties.

D. LAW ENFORCEMENT

1. Cases Eligible for Referral - The Yavapai Family Advocacy Center (YFAC) is an additional resource for use by law enforcement and other agencies to assist in the thorough investigation and enhanced prosecution of the following cases:
 - a. Child or Vulnerable Adult Sexual Abuse
 - b. Child or Vulnerable Adult Physical Abuse/Neglect
2. Services Provided – YFAC can assist law enforcement by providing the following services and resources:
 - a. Case consultation with MDT professionals.
 - b. On-site Victim Advocate .
 - c. Assistance in obtaining qualified forensic interviewer.
 - d. State-of-the-art interviewing/monitoring rooms and equipment.
 - e. Fully-equipped medical examination room staffed by specially trained personnel.
 - f. Connect victims/families to outside resources for counseling, food, shelter, etc.
 - g. Private office space for use by all law enforcement agencies in Yavapai County.

3. How to Refer a Case –YFAC requires that all referrals be made by a supervisor or with supervisory authority. Walk-in services are not offered.
 - a. Contact your supervisor and request approval for referral to YFAC.
 - b. Contact the YFAC Director or designee by phone during normal business hours (Monday-Friday, 8:00 a.m. - 5:00 p.m.). On holidays and during non-business hours, the On-Call Professional is available 24/7 via the YFAC cell phone.
 - c. Provide as much information as possible about the case and services required.
 - d. Indicate if the case is an emergency that requires immediate staffing.
4. When to Refer a Case – While a case may be referred to YFAC at any time during the investigation and prosecution, it is suggested the case get referred immediately to ensure maximum assistance by the YFAC MDT professionals.
5. Responsibility – Law enforcement professionals remain responsible to their respective organization for the performance of their job duties. Neither YFAC, nor any member of the MDT has the authority to direct law enforcement professionals in the performance of their duties. The MDT is a resource designed to reduce additional victim trauma, ensure a thorough investigation and enhance prosecution of the case.
6. What to Expect After a Referral – Following a referral to YFAC and authorization by the Director or designee, a date, time and place for a case staffing with other MDT members will be given. At the initial case staffing the following will generally occur:
 - a. Briefing of MDT members by law enforcement.
 - b. Identification and prioritization of needs.
 - c. Formulation of plan of action to coordinate investigation.
 - d. Initial assignments.
 - e. Setting of date, time and place for subsequent case review.
7. At each subsequent case review, responsibilities may be added or deleted, priorities revised and follow-up information provided to all members to keep them current on the progress of a case.

E. VICTIM SUPPORT AND ADVOCACY

1. The YFAC Victim Advocate shall be a member of the MDT and shall be notified by the YFAC Director or designee immediately upon authorization of a referral to YFAC. The YFAC Victim Advocate will attend the initial staffing of a referred case.
2. The Victim Advocate will receive training in a variety of advocacy topics including victim's rights and compensation, advocacy related to specific issues, such as sexual abuse, sexual assault, domestic violence, child abuse, elder abuse, community resources, legal advocacy, and any other relevant advocacy training.
3. Crisis intervention and ongoing victim support services and advocacy are routinely made available for all children and their non-offending family members at YFAC during normal business hours. In the event of an emergency after normal business hours, professionals are available on an on-call basis. These services are made

available regardless of the victim/family member's appearance, background or beliefs and regardless of their age, race, color, religion, ethnicity, national origin, ancestry, gender, marital status, sexual orientation, physical or mental disabilities, socio-economic status or any other cultural descriptors.

4. The YFAC Victim Advocate is instrumental in accomplishing the YFAC's mission of reducing further victim trauma. In that regard, the duties of the Victim Advocate will generally include the following:
 - a. Explain and prepare victim/family as to what will take place during their visit at YFAC.
 - b. Meet with the victim/family before and/or after a forensic medical examination and forensic interview to offer assurance and comfort.
 - c. Provide the victim/family with educational information regarding the dynamics of abuse with a specific focus on crisis management and emotional support.
 - d. Advise the victim/family regarding victim's legal rights including the Crime Victim Compensation Program.
 - e. Act as liaison between YFAC and the Yavapai County Attorney's Office, Victim Services Division.
 - f. Refer the victim/family to outside resources, as needed, for counseling, shelter, food and legal recourses such as Orders of Protection, etc.
 - g. Accompany the victim/family as appropriate to court dates and interviews.
 - h. Coordinate with the Yavapai County Attorney's Office, Victim Services Division, to assist the victim/family in preparing for trial and input at sentencing.
 - i. Attend subsequent case reviews to advise the MDT members of the needs and concerns of the victim/family.
 - j. Serve as liaison between the victim/family and the MDT team throughout the investigation and prosecution.

F. MEDICAL

1. The purpose of the Forensic Medical Evaluation is to identify and treat injuries resulting from the trauma inflicted during the sexual assault. It is also to assess patient's emotional needs, document history, collect forensic evidence, document medical findings, document history, provide prophylaxis for sexually transmitted diseases, if indicated, emergency contraception, if desired, and to refer for follow-up care.
2. This evaluation, when performed in the secure and comforting environment of the YFAC, reduces further trauma to the victim and their non-offending family.
3. The YFAC Medical Practitioner must meet one of the following training standards in order to conduct a Forensic Medical Exam at YFAC:

- a. Child Abuse Pediatrics Sub-Board Eligibility.
 - b. Child Abuse Fellowship Training or Child Abuse Certificate of Added Qualification.
 - c. Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations.
 - d. Documentation of 16 hours of formal medical training in Child Sexual Abuse Evaluation.
- 4. Sexual Assault Nurse Examiners must practice within the scope of the Arizona Nurse Practice Act. They must provide documentation of their current license to practice, as well as any additional education, training and experience, in the area of child abuse and neglect.
 - 5. The YFAC Medical Practitioner shall serve as a member of the MDT.
 - 6. The Yavapai County Attorney or designee will review the circumstances of each request for a Forensic Medical Evaluation. The facts of each circumstance are reviewed to assure that no unnecessary medical evaluations are performed. Any unnecessary, duplicative evaluations may cause further trauma to a victim. All appropriate clients will be evaluated.

G. CASE REVIEW

- 1. The Case Review Process enhances the effectiveness and efficiency of the investigation and prosecution of a case, provides a cooperative environment for professionals to share information, solve problems and minimizes further trauma to the victim.
- 2. Team discussion and information sharing regarding the investigation, case status and services needed by the victim and family are to occur on a routine basis. The recommendations of the team will be communicated by a YFAC staff member to the appropriate parties for consideration and implementation.
- 3. The Director or his/her designee shall conduct the review process. The YFAC Office Administrator shall coordinate and notify MDT members regarding case review. The MDT members shall be notified via email. The email will contain the date, time and location of the case review along with a spreadsheet containing minimal case identification information.
- 4. Case reviews occur weekly at a predetermined time, usually on the same day and time of the week that is determined by the MDT to best assure attendance of team members. Cases reviewed include cases referred during the preceding week to two weeks, depending on the status of the case, cases that have matters or concerns referred by YFAC staff or MDT members and/or cases that have on-going or active investigations. Emergency Case Review may occur at any time. Case review meetings may include quarterly training and/or planning sessions. Case reviews occur at the YFAC facility and are facilitated by the YFAC Director.

5. Case Review discussions generally include:
 - a. Physical and supportive needs of the victim and family.
 - b. Matters or concerns from YFAC Victim Advocates and Mental Health Professionals.
 - c. Forensic Interview Evaluations.
 - d. Planning and monitoring the progress of the on-going or active investigation.
 - e. Review of the Medical Evaluation if appropriate.
 - f. CPS status and process.
 - g. Prosecution status, sentencing decisions and/or the civil/criminal case disposition.
 - h. Assessing any court advocacy and/or victim compensation needs.
 - i. Victim Services concerns (compensation and court preparation).
 - j. Cultural and/or disability issues relevant to the victim and/or the family members.
6. Case review is an informed decision making process that allows and encourages input from all necessary MDT members as appropriate for the unique nature of each case. The "Case Review" form will be used to record ongoing information from each of the respective disciplines as well as to determine any cultural and disability issues.
7. The Director or designee will schedule other times needed for additional case review.

V

MEDICAL PROTOCOLS

Medical personnel have a complex role in child abuse cases. Evidence of child abuse may be detected during an examination or disclosures of abuse may be made to medical personnel. Since medical personnel are mandated reporters of child abuse per A.R.S. §13-3620, these Protocols will outline child abuse reporting guidelines.

Child abuse examinations must be performed by medical personnel who are competent in the forensic exam of children and in providing testimony in judicial proceedings. Medical personnel should be able to document their education, training and experience in the area of child abuse and neglect. In Yavapai County, the Yavapai Family Advocacy Center (YFAC) has been established and is staffed by Sexual Assault Nurse Examiners "S.A.N.E. nurses" specializing in the examination of alleged victims of child abuse. When medically appropriate, it is strongly suggested that these exams be conducted at the YFAC. Concerning the issue of the Emergency Medical Treatment and Labor Act (EMTALA), the transfer of a suspected child abuse victim to the Yavapai Family Advocacy Center can be done after the medical screening examination (MSE) has been completed.

Unless there is concern about significant bleeding, a genital and anal examination should not be done if the case is to be transferred to the Yavapai Family Advocacy Center.

It is understood that physicians have an obligation to inform the immediate family regarding the health and welfare of the child. However, it is imperative that the physician remain objective in the evaluation and not confront the family or speculate on the nature of the injury.

A. SUSPECTED CHILD ABUSE CAN BE MADE KNOWN TO MEDICAL PERSONNEL BY THREE DIFFERENT MEANS:

1. A parent or caretaker requests a child abuse evaluation.
2. Evidence child abuse is observed during routine or unrelated exam.
3. A child self discloses abuse to medical personnel.
4. Triage the urgency of medical need, (i.e., severe trauma or excessive bleeding vs. minor contusions). A child's physical/medical safety is always the paramount concern.
5. Determine if the police and/or CPS have been notified:
 - a. If notification has been made, re-contact that agency(s) to determine if an officer and/or CPS Specialist will be responding and if the agency is requesting that a medical evaluation be performed.
 - b. If notification has not been made, make every attempt to obtain background information on the child and alleged abuse from the parent/caretaker while out of earshot of the child.
 - c. If further information regarding the abuse is necessary, obtain basic information from the child as outlined below (*Section B*).